



Association of State Correctional Administrators 2007 Susan M. Hunter Correctional Scholarship Application Form

Eligibility:

- Student must be the son or daughter of a corrections employee (current full-time, retired, or deceased) within an ASCA-member department of corrections (includes Federal Bureau of Prisons).
- Student must be enrolled full-time in an accredited two-year or four-year undergraduate college or university; or an accredited graduate program. The scholarships are: \$1,000 for undergraduate students or \$1,500 for graduate students.
- Incoming first-time freshman must have a minimum high school GPA of 2.5; Enrolled full-time students must have a minimum college GPA of 2.5.; Graduate students' field of study must be Corrections/Criminal Justice.

Application Procedure/Application Checklist:

- ☐ **Complete and return Scholarship Application Form by 4/13/07 (postmarked no later than 4/12/07);**
- ☐ **Include official** high school transcript through the fall term of senior year or an **official** College/University transcript (through fall term) for those already enrolled;
- ☐ **Include** copy of SAT/ACT score (only for Incoming first-time freshman);
- ☐ **Include two** letters of recommendation (at least one letter must be from a teacher); and
- ☐ **Include** essay question response (**maximum of 250 words / one-page, typed, double-spaced**): *Describe your career goals and what this scholarship would mean to the completion of your undergraduate/graduate education; graduate students should include description of their Corrections/Criminal Justice career goals.*

The following information must be **completed in its entirety. Incomplete applications will not be considered.**

Name: _____ Social Security No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email Address: _____

High School or College Grade Point Average: _____

Extra Curricular Activities: _____

Name of College/University you plan to attend or are currently attending:

Parent's Name and Title/Position: _____

Name of Institution/Department: _____

Institution/Department Address: _____

By signing below, I understand and agree to abide by the terms of the ASCA Correctional Scholarship Program and verify that all information that I have provided is accurate.

Signature

Date

Return to: ASCA Scholarship Committee, 213 Court Street, 6th Floor, Middletown, CT 06457.